

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/614,940
Filing Date	07/07/2003
First Named Inventor	Mitchell et al.
Title	Oral Rehydration Compositions Containing Liposomes
Art Unit	1618
Examiner Name	Young, Micah P.
Attorney Docket Number	590-004

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Kristofer E. Halvorson	39,211
<input type="text"/>	<input type="text"/>

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	The Halvorson Law Firm, P.C.		
Address	1757 E. Baseline Road, Suite 130		
City	Gilbert	State	AZ
Country	US		
Telephone	480-892-2037	Email	halvorson@tmpatentlaw.com
Zip	85233		

I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

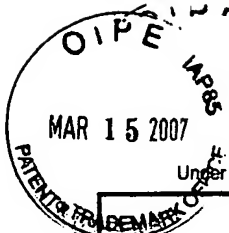
Signature		Date	3/8/07
Name	James B. Mitchell	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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☒ Firm or Individual Name The Halvorson Law Firm, P.C.

Address 1757 E. Baseline Road, Suite 130

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SIGNATURE of Applicant or Assignee of Record

Signature		Date	3-8-07
Name	Cheryl R. Mitchell	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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